



In-Situ Test Request Form

Fax to: Geotechnical Services
Geotechnical Instrumentation (GI) Branch
Attn: Mitch Tyler

Fax #: (916) 227-5451
Phone #: (916) 227-7235

Project Name: _____ Request By: _____
Dist/Co/Rte/PM: _____ Phone No.: _____
EA No. & Activity Code: _____ Date of Request: _____
Bridge No (if Applicable): _____ Thomas Brothers Guide/Page #: _____

Type of In-Situ Test Requested:

- ☐ Pressure Meter Test (PMT)
☐ Vane Shear Test (VST)
☐ Other

Estimated Number of Tests: _____

Number of Boreholes in which testing will be performed: _____

Maximum Testing Depth: _____

Any Time Constraints On When In-Situ Testing Can Be Conducted? ☐ Yes / ☐ No

If Yes, Explain: _____

Requested Start Date:	Requested Completion Date:
Job Description and Remarks:	

Requesting office will be responsible for coordination of lane closures or other traffic control, drilling services and specific test requirements.

Please submit a general site plan identifying test locations, general site features and benchmark locations.

For GI Use Only

Tracking Number	GI Rep	Date Tested	Date of Report	Deadline
Comments:				

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